

The Post Kala-azar Dermal Leishmaniasis (PKDL) Atlas

A Manual for Health Workers



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A Manual for Health Workers

Eduard E. Zijlstra

Rotterdam Centre for Tropical Medicine

Jorge Alvar

WHO/NTD/IDM-Leishmaniasis Programme

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Preface

Post Kala-azar dermal leishmaniasis (PKDL) is a well-recognized complication of visceral leishmaniasis (VL) or kala-azar. It has been described since the beginning of the 20th century both in Asia and Africa, in areas where *Leishmania donovani* is the causative parasite. Its potential role in the transmission of kala-azar in particular in the interepidemic periods has been suggested many years ago and this was supported by feeding experiments in sandflies. Yet, PKDL has been neglected both from a clinical and an epidemiological point of view. This is partly caused by the difficulty in recognizing PKDL and making a firm diagnosis. The clinical spectrum varies and the list of differential diagnoses is extensive. We believe a reasonable diagnosis of PKDL can be made on clinical grounds only on the basis of a good clinical assessment by which differential diagnoses can be excluded.

This manual aims to be a guide to better and earlier recognition of PKDL by those who work in the field in remote areas. It may also be of use in the teaching of health workers at all levels. .

Geneva, August 2012

Note

While the diagnosis of PKDL and the conditions shown in the differential diagnosis was often confirmed, in others it is a clinical diagnosis based on experience. Despite this, we feel that this atlas reflects current clinical practice. There is a great need for further studies to develop and to evaluate a clinical algorithm for PKDL and to develop simple and accurate tools that can be used under field conditions. The same would of course apply to the differential diagnosis.

As PKDL is common in Sudan and has been well described, the differential diagnosis of macular and papular/nodular PKDL is discussed extensively in the chapter on PKDL in Sudan. For other areas only the most common conditions encountered or conditions specific for that area are presented.

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